

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/02/2011
FORM APPROVED
OMB NO. 0938-0391

45th 12/17/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2011
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF ATHENS

STREET ADDRESS, CITY, STATE, ZIP CODE

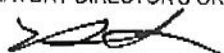
1234 FRYE STREET, PO BOX 786
ATHENS, TN 37371

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.</p> <p>The findings include:</p> <p>Observation on October 31, 2011 at 10:40 a.m. revealed penetrations in the corridor above the ceiling of the restorative therapy room in the west wing.</p>	K 025	<ol style="list-style-type: none"> 1. Penetrations in the corridor above the ceiling of the restorative therapy room in the west wing were repaired on 10/31/2011. 2. Maintenance Director and/or Assistant Maintenance Director will conduct a 100% audit of facility to ensure that there are no other penetrations in smoke barriers. Any penetrations found will be repaired promptly. 3. Maintenance Director and/or Assistant Maintenance Director will complete a 100% audit monthly times three months to ensure that there are no penetrations in smoke barriers. Maintenance Director and/or Assistant Maintenance Director will continue to conduct monthly environment of care rounds to observe for penetrations in smoke barriers. 4. Audit results will be given to the Executive Director and will be reviewed in the monthly performance improvement meeting for three months or until 100% compliance is achieved. 	12/2/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

11/16/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.